

SAMPLE

CONTINUING EDUCATION REQUIRED STATEMENTS

Your announcement MUST include a Continuing Education statement that shows the Alabama Department of Mental Health and Mental Retardation as an approved provider of the program. Please use one or a combination of the following statements on your printed promotional materials for your continuing education activity, such as brochures, announcements, memorandum, etc.

SELECT ONE OF THE FOLLOWING STATEMENTS WHEN ONLY ONE TYPE OF CONTINUING EDUCATION CREDIT IS BEING OFFERED.

The Alabama Department of Mental Health and Mental Retardation is approved as a provider of continuing education in nursing by the Alabama Board of Nursing and approves this program for _____ contact hours.
ABNP0150, Expiration Date: July 5, 2009

The Alabama Department of Mental Health/Mental Retardation is an NBCC Approved Continuing Education Provider (ACEPTM) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. This program is offered for _____ clock hours.

The Alabama Department of Mental Health and Mental Retardation is an approved provider of continuing education for Social Workers in the State of Alabama through the Alabama State Board of Social Work Examiners. This program is offered for _____ contact hours.

The Alabama Department of Mental Health and Mental Retardation is approved by the American Psychological Association (APA) to **sponsor** continuing education for psychologists. The Alabama Department of Mental Health and Mental Retardation maintains responsibility for this program **and its content**. The program offers _____ continuing education credits.

FOR MULTIPLE-DISCIPLINED CATEGORIES, THE FOLLOWING STATEMENT SHOULD BE USED ON PROMOTIONAL MATERIALS. COMBINE YOUR STATEMENT, USING ALL CATEGORIES OR SELECT THOSE TYPES FOR WHICH CE IS BEING REQUESTED, BEING CAREFUL TO INCLUDE THE ENTIRE CATEGORY STATEMENT AS SHOWN. PARAGRAPH FORM MAY BE USED (SEE THE EXAMPLE BELOW.)

The Alabama Department of Mental Health and Mental Retardation

- is approved as a provider of continuing education in **Nursing** by the Alabama Board of Nursing, **ABNP0150, Expiration Date: July 5, 2009**;
- is an approved provider of continuing education for **Social Workers** in the State of Alabama through the Alabama State Board of Social Work Examiners;
- is an NBCC Approved Continuing Education Provider (ACEPTM) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program.
- is approved by the American Psychological Association (APA) to **sponsor** continuing education for **psychologists**. The Alabama Department of Mental Health and Mental Retardation maintains responsibility for this program **and its content**.

This program is offered for _____ contact hours or (_____ clock hours).

EXAMPLE:

The Alabama Department of Mental Health and Mental Retardation is approved as a provider of continuing education in **Nursing** by the Alabama Board of Nursing - **ABNP0150, Expiration Date: July 5, 2009**; is approved by the American **Psychological** Association (APA) to **sponsor** continuing education for psychologists. The Alabama Department of Mental Health and Mental Retardation maintains responsibility for this program **and its content**. This program is offered for _____ contact hours.

- * If an activity is co-sponsored by the Department of Mental Health and Mental Retardation and another agency, the following sentence should be added at the beginning of the CE statement.

This program is co-sponsored by the Alabama Department of Mental Health and Mental Retardation and _____.